

# CHILD WELFARE SYSTEM ASSESSMENT

## Strengths

- Quality of our front line, supervisory and administrative/management staff -- Despite having public caseloads that are among some of the highest in the nation, staff demonstrate dedication and commitment to protection of children, assisting families in improving their ability to care for their children and maintain the family unit, and, achieving permanency.
- Contribution of our many child welfare partners -- especially Juvenile Judges, private providers and communities -- they are our strongest child advocates and consistently strive for excellence even in difficult times. Positive and supportive relationships.
- History of collaboration at the state and local level, including efforts such as Empowerment, Decategorization, Community Child Protection Partnerships, and Youth Development. Enhances system infrastructure, capacity and flexibility to address needs with finite resources.

## Weaknesses

- Caseloads and supervisory span of control -- Iowa's caseloads and supervisory span of control are some of the highest in the nation. Adequate number of staff are needed to assess needs, engage the family, craft timely individualized case plans, work collaboratively with family team members and community partners, arrange and monitor provision of services, visit regularly with children and families, and adapt services to achieve case plan goals. Public awareness, development of resources, relationships and mobilization of communities is demonstrated to have a positive impact on child safety -- success requires a dedicated commitment of resources over time. Research has also shown the importance of supervision to achievement of safety and permanency.
- Training -- We need to identify and direct funds to enhance our professional training especially for experienced staff and supervisors. Increased focus on supervisory clinical/differential coaching, mentoring and support for frontline caseworkers.
- Quality assurance -- DHS lacks a statewide comprehensive coordinated quality assurance system for child welfare. While we have the basics of an infrastructure for quality assurance, reductions in staff (especially at the supervisory and regional/service area level) have significantly limited our ability to do such things as routine case reading and quality service reviews to regularly identify strengths and areas needing improvement and to develop and implement quality improvement plans. Beyond the basics, system/resource enhancements, e.g., state of the art management systems to support integrated planning and an overarching infrastructure to identify, introduce, support and evaluate innovations for potential application are lacking.